

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. 10/659577 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/	/	/			
2	/	/	/			
3	/		/			
4	/		3			
5	/		3			
6	/		3			
7	/		3			
8	/		3			
9	/		3			
10	/		3			
11	/		3			
12	/		1			
13	/		1			
14	2		2			
15	2		2			
16	2		2			
17	2		2			
18	2		2			
19	2		2			
20	2		2			
21	/		1			
22	/		1			
23	/		1			
24	/		1			
25	2		2			
26	1		1			
27	/		1			
28	/		1			
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42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	7		7			
TOTAL DEP.	29		46			
TOTAL CLAIMS	36		52			

IND	DEP	IND	DEP	IND	DEP
51					
52					
53					
54					
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100					
TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					